

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						Serial No.	097830945	Filing Date		
						Applicant(s)				
12-24-03						CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1	1				51				
2	1		1			52				
3	1					53				
4			1			54				
5			1			55				
6			1			56				
7			1			57				
8			1			58				
9			1			59				
10			1			60				
11			1			61				
12			1			62				
13			1			63				
14			1			64				
15			1			65				
16			1			66				
17			1			67				
18			1			68				
19			1			69				
20			1			70				
21			1			71				
22			1			72				
23	1		1			73				
24	1		1			74				
25	1		1			75				
26	1		1			76				
27	1		1			77				
28	1		1			78				
29	1		1			79				
30	1		1			80				
31			1			81				
32			1			82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	1	0	3	0		TOTAL IND.	0			
TOTAL DEP.	29	0	28	0		TOTAL DEP.	0			
TOTAL CLAIMS	30	0	37	0		TOTAL CLAIMS	0			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS